

UNITED STATES MARINE CORPS

MARINE CORPS RECRUIT DEPOT/WESTERN RECRUITING REGION SAN DIEGO, CALIFORNIA 92140-5001

Depo 1754.2 1E 2 1 JUN 1996

DEPOT ORDER 1754.2 W/ch/

From: Commanding General To: Distribution List

Subj: RELOCATION ASSISTANCE PROGRAM (RAP)

Ref:

(a) MCO 1700.24A

(b) MCO 1754.3

Encl:

(1) Letter of Appointment Format

(2) Check-In/Check-Out Sheet-MCRD 1085/11 (Rev 6-93)

(3) Relocation Assessment/Screening-MCRD 1754/17 (Rev 3-95)

(4) Marine Corps Recruit Depot/WRR Outbound Relocation Assessment

(5) Overseas Screening and Resolution

(6) Standard Installation Topic Exchange Service (SITES)

(7) Needs Assessment

(8) Customer Satisfaction Survey

Reports Required:

- I. Installation Commander RAP Assessment (Report Control Symbol EXEMPT), par 4c(7)
- II. Installation Inspector Summary (Report Control Symbol EXEMPT), par 4d
- III. NAVCOMPT Form 2025 Obligation of Funds (Report Control Symbol DN-7303-01), par 4e
 - IV. Relocation Assistance Program (RAP) Quarterly Report (Report Control Symbol DD-1754-02), par 4f(4)
- 1. <u>Purpose</u>. To publish instructions and set forth procedures for the Relocation Assistance Program aboard Marine Corps Recruit Depot/WRR.
- 2. Background. In order to assist service members and their families in preparing for a Permanent Change of Station (PCS), it is important that they be provided timely information and assistance to prepare for relocation. Reference (a) provides initial guidance for relocation assistance offered at the Family Service Center (FSC). Reference (b) establishes a Relocation Assistance Center (RAC) at the Family Service Center (FSC), publishes instructions and provides further guidance on the Relocation Assistance Program (RAP) administration.

DepO 1754.2 2 1 JUN 1996

3. <u>Information</u>. It is the Marine Corps policy to provide standardized support for relocating active duty service members and their families. The RAC is responsible for providing accurate information and support services to enable timely decisions by DoD personnel and their families concerning the relocation process.

4. Action

a. Commanding Officers and Officers-in-Charge

- (1) Establish procedures to inform and provide access to RAP services for service members and their families undergoing PCS orders.
- (2) Provide service members in receipt of PCS orders adequate time to clear/settle in at the installation, while considering personal needs and mission requirements.
- (3) Incorporate and provide relocation/community orientation briefing at the command indoctrination for all personnel within the first 60 days of arriving at the command.
- (4) Units or departments required to appoint Relocation Assistance Coordinating Committee (RACC) representatives will appoint in writing, a primary and an alternate representative to the RACC, using enclosure (1) format.
- (a) RACC appointees should hold a position with a level of responsibility which allows them to represent the Commanding Officer or Officer-in-Charge and should be knowledgeable in their unit or department's policies and procedures.
- (b) Transfer or reassignment of a primary and/or alternate RACC representative will require a new letter of appointment, using enclosure (1) format, which must be submitted to the RAC Manager at the FSC.
- (5) Incorporate the use of the RAC into command check-in and check-out procedures using enclosure (2).
- (6) Departments or units responsible for providing personnel administrative services will ensure that all service members, upon notification/receipt of PCS orders, receive enclosure (3) prior to reporting to the RAC for outbound needs assessment, enclosure (4), and if applicable, overseas screening. Guidelines for overseas screening and resolution are identified in enclosures (4) and (5).

- (7) Departments or units responsible for providing administrative personnel services will also incorporate enclosure (3) into their turnover folders/desk top procedures to ensure continuity in PCS procedures.
- b. RTR (Drill Instructor School), H&S BN (Recruiter School), and H&S BN (Marine Corps Enlisted Commissioning Education Program)
- (1) If inbound information is required, provide the RAC with a copy of the class roster in order that student "Welcome Aboard Packages" can be assembled for mailing in a timely manner.
- (2) Welcome Aboard Packages will be created to suit each school appropriately.
- (3) Ensure all students receive a relocation briefing, by a member of the RAC staff, and provisions should be made to provide relocation services prior to graduation.

c. Assistant Chief of Staff, G-1

- (1) Establish a RAC at the FSC that is prominently visible and accessible to all installation personnel.
- (2) Ensure the RAC is allocated sufficient resources and adequately staffed with managerial level personnel to accomplish program requirements.
- (3) Establish the RACC to ensure coordination and integration of a cohesive and comprehensive relocation program.
- (4) On the 1st and 15th day of each month, provide the RAC with a report of all inbound personnel.
- (5) Provide a list of Military Occupational Specialties (MOSs) and an updated listing of Monitored Command Codes (MCCs) of all Marine Corps installations to the RAC on a quarterly basis. Submit not later than the 5th working day of the first month of the quarter.
- (6) Provide the RAC with a copy of all orders for outbound personnel.
- (7) Submit the Annual Installation Commander RAP Assessment (Report Control Symbol EXEMPT) specifically addressing requirements of reference b, par 6h(6) to CMC (MHF) by 15 December.

Depo 1754.2 2 1 JUN 1996

- d. <u>Depot Inspector</u>. Submit the Installation Inspector Summary (Report Control Symbol EXEMPT) specifically addressing the requirements of reference (b) to CMC (MHF) no later than 15 December annually.
- e. Assistant Chief of Staff, Comptroller. Submit NavCompt Form 2025, Obligation of Funds, to CMC (MHF) by the 5th working day of each month. Include object classification code and work year, per reference (b). NAVSO P1000 establishes this reporting requirement. Report Control Symbol DN-7303-01 applies.

f. Relocation Assistance Center

- (1) Submit results of Customer Satisfaction Surveys to the Depot Inspector by 1 December for incorporation into the Installation Inspector Summary Report.
- (2) Obtain Welcome Aboard Packages for all branches of the Armed Forces and make them available for review by outbound personnel or those who are interested in submitting duty options.
 - (3) Establish and coordinate the RACC.
- (4) Submit the RAP Quarterly Report using enclosure (1) of reference (b). Submit to CMC (MHF) by the 10th working day from close of the quarter.
- (5) Ensure data for the Standard Installation Topic Exchange Service (SITES) is updated quarterly and submitted to Defense Manpower Data Center (DMDC) within the established time frames.
- (6) Maintain a sufficient supply of Welcome Aboard Package materials so that packages can be provided in a timely manner.
- (7) Provide pre-departure services to include an outbound needs assessment using enclosure (4), video tapes of each of the 18 major Marine Corps installations, a SITES booklet which provides local community and base information for the new duty station. Enclosure (6) provides a list of information provided in SITES.
- (8) Provide arrival information and services, to include an assigned sponsor upon request, an individual needs assessment (enclosure (7)), and check-in procedures and presentation of a RAC Customer Satisfaction Survey (enclosure (8)).

g. Relocation Assistance Coordinating Committee (RACC)

(1) The RAP Manager will coordinate RACC meetings quarterly, or as needed.

(2) The RACC will:

- (a) Gather data for the Annual Installation Command RAP Assessment, specifically addressing the requirements of reference (b), paragraph 6h(6) (Report Control Symbol EXEMPT), to CMC (MHF), by 15 December.
- (b) Ensure that the information needed for the SITES booklet is accurate.
- (c) Encourage installation-wide cooperation and collaboration on relocation matters.
- (3) The chairperson and members of the committee will be appointed in writing. The following permanent members shall comprise the MCRD RACC:
 - (a) Relocation Assistance Center Representative
 - (b) Military Family Housing Office Representative
 - (c) Traffic Management Office Representative
 - (d) Military Personnel Office Representative
 - (e) Finance Office Representative
 - (f) BOQ/BEQ Representative
 - (q) Child Development Center Representative
 - (h) Branch Medical Clinic Representative
 - (i) Branch Dental Clinic Representative
 - (j) Legal Office Representative
 - (k) Manager, Career Resource Management Center
 - (1) Chaplain's Office Representative
- (m) RTR Personnel Administration Center, Representative

Depo 1754.2 2 1 JUN 1996

- (n) H&SBN, S-1 Representative
- (o) Recruiter School Representative
- (p) 12th Marine Corps District Representative
- (q) Drill Instructors School Representative
- (r) Morale, Welfare, and Recreation Representative
- (s) Coast Guard Tactical Law Enforcement Representative
- (4) Consulting members of the RACC will include, but will not be limited to, the following:
 - (a) Assistant Chief of Staff, G-1
 - -(b) Officer Wives Club President

ch !

- (c) Enlisted Wives Club President
- (d) American Red Cross Representative
- Navy/Marine Corps Relief Society Representative

(d) Quality of the Coordinators

Applicability. This Order applies to all active duty personnel, reserve personnel on extended active duty, and to transitioning personnel separating or retiring from active duty, and their legal family members. It further applies to retired members and their legal family members on a space available basis for information and referral services only.

> J. M. GUERIN Chief of Staff

DISTRIBUTION: Α

Copy to: U.S. Coast Guard (PACAREATACLET)



UNITED STATES MARINE CORPS MARINE CORPS RECRUIT DEPOT/WESTERN RECRUITING REGION 1600 HENDERSON AVENUE SUITE 238 SAN DIEGO, CALIFORNIA 92140-5001

DepO 1754.2 1E MAY 27 1998

DEPOT ORDER 1754.2 Ch 1

From: Commanding General To: Distribution List

Subj: RELOCATION ASSISTANCE PROGRAM (RAP)

1. Purpose. To direct pen changes to the subject order.

2. Action

- a. In paragraph 4.g(4), delete subparagraphs (b), (c) and (f). Label subparagraphs (d) and (e).
 - b. Insert the following to paragraph 4.g(4):
 - "(d) Quality of Life Coordinator"
- 3. Filing Instructions. This change transmittal will be filed immediately following the signature page of the basic Directive.

Chief of Staff

DISTRIBUTION: A

Copy to: U. S. Coast Guard (PARCAREATACLET)

LETTER OF APPOINTMENT FORMAT

HEADING

1754 1E (date)

From: (Unit Commanding Officer)

To: Relocation Assistance Program Manager, Family Service Center,

Marine Corps Recruit Depot, San Diego, CA 92140-5023

Subj: LETTER OF APPOINTMENT TO THE RELOCATION ASSISTANCE COORDINATING

COMMITTEE (RACC)

Ref: (a) DepO 1754.2

1. The following personnel are hereby appointed to the RACC. They will be guided in the performance of their duties by the reference. Further, another source for information is interaction with the Relocation Assistance Center.

PRIMARY

ALTERNATE

Rank/Title/Name
Organization/Section
Telephone number

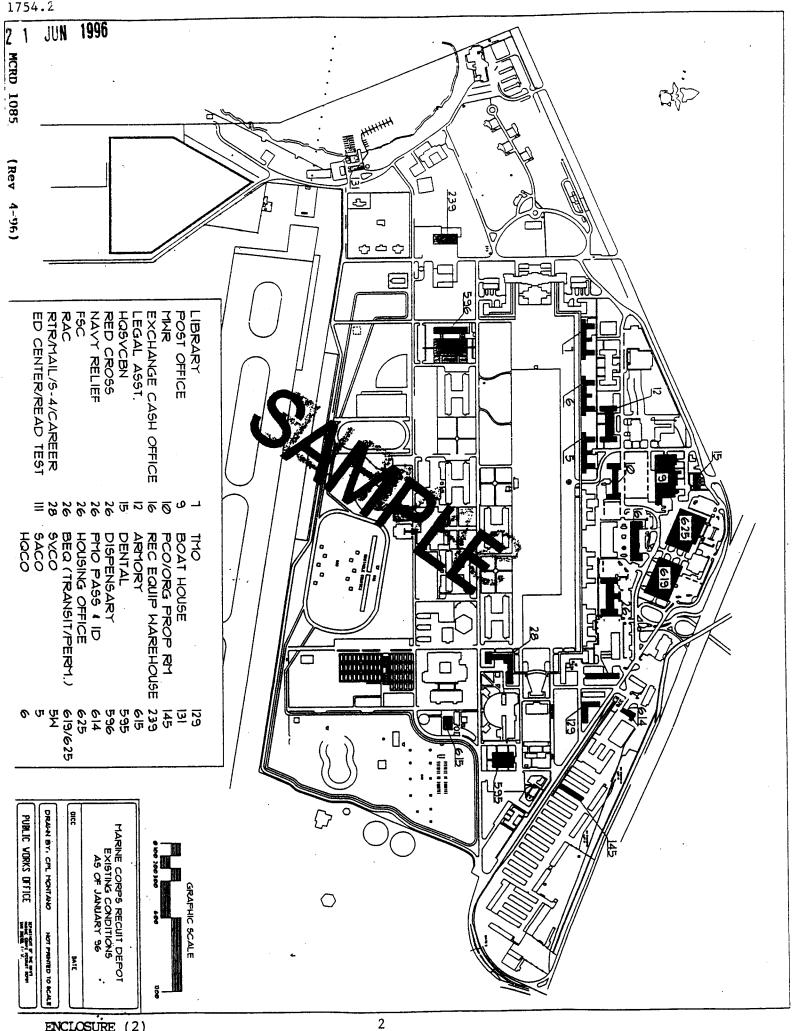
Rank/Title/Name Organization/Section Telephone number

(Commanding Officer) (signature)

Copy to:
(Marines assigned)

7 1 JUN 1996

CHECK-IN/OUT-SHEET	·····					MCRD 1085,	/11 (Rev.	4-96	()
Name (Last, First, Initial)				Rank	SSN	MOS	[] Check		
[] Joined [] Separation []	Transferre	d	[]	Reassig	nment []	TEMINS/TAD	Effective	Date:	:
From: (Activity)		·		To: (Activity/Home Add	dress)	1		
X = 1	indicates A	ctivi	ty requ	uired to	check-in/check-ou	ut			
Activity	Bldg No	Ini In	tial Out		Activi	ty	Bldg No	Init In	
Morale, Welfare and Recreation	10			Bat	talion CO/XO				
Boat House	136			Bat	talion Adjutant				
Recreation Equipment Warehouse Issue	239			Bat	talion Sergeant A	lajor			
Dental (Prior to Dispensary)	595			Bat	talion Chaplain				
Dispensary	596			Bat	talion Admin Chie	ef			
Family Services Center	26			Bat	talion Personnel	Chief			
Relocation Assistance Center	26			Bati	tali Mail Order	rly			
Education Center	26			Bati	tálion roperty ((S-4)			
Reading Test	26			E T	ion a ming	(S-3)			
Navy Relief HRS 9-1 M to F	26			4	alon Career Pla	anner			
Red Cross	26	1		Com	pany CO/XO				
Legal Assistance	12	S. L.		Comp	oany first Sergea	ant			
Library			34	Comp	pany Training NCC)			
Exchange Cash Office		THE STATE	1	PPA	Personnel Chief	f			
Post Office/Locator	Guid 3			SRB	Chief				
Pass & I. D. Section, PMO	614			SRB	Clerk/Meal Card	***************************************			
Traffic Management Office	129			Orde	ers Chief				
Property Control Warehouse	145			Unit	Diary Chief				<u></u>
Housing Office	625			RTR	Mail Orderly		28		
BEQ Manager (Transit/Perm Pers/BOQ)	625			RTR	S-4		. 28		
Armory	319			RTR	Career Info Offi	ce	28		
Work Section/OIC/NCOIC				Org	Prop Room (OP D.	.I. Only)	145		
Fitness Report (E-5 and Above)				Con	pany Gunny	(E-5 Below)			
Pro & Con (E-4 and Below)				Pay	Clerk (s-	-1)			
				MCI	Clerk (Co)				
I hereby certify that I am not indebted to possession any material or equipment other classified nature.	o any of the than	ne act	tivitie ch I am	es or ager authoriz	ncies listed on t ed to retain, an	this list, that ad that I do not	I do not have have any ma	e in m tter o	ny of a
Signature				Date	•	-			



Rate/Rank Print Name: (Last, First, MI) I understand I am required to report to the Relocation Assistance Center (RAC), Building 26, in accordance with SECNAVINST 1754.6, MCO 1700.24A, MCO 1754.3 and COMDINST 5400.20, because I am in receip of Permanent Change of Station (PCS) orders. I forther understand that this form must be completed by a RAC staff member and personally returned to the Admin office within 10 working days of the above date. Service Member's Signature: Destination: (New Duty Station/Command) Estimated Detachment Date: (EDD) Estimated Date of Arrival: (EDA) FIRST ENDORSEMENT From: Relocation Assistance Center (RAC), Family Service Center, Building 26 .o. [] Headquarters & Service Battalion, S-1 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Detatal Clinic [] Branch Detatal Clinic [] Branch Parta Clinic Law Enforcement I certify that the service member listed above has reported to the Relocation Assistance Center for relocation assessment/screening. Date Reported to RAC: Print Name: (Last, First, MI) Signature: Relocation Services: [] SITES [] WAP Request [] Automap [] Maps [] Branch Medical Overseas Screening [] No Services Required [] Other [] Comments:	RELOCATION ASSESSMENT	T/SCREENING		MCRD 1754/17 (Rev. 3-95)
Rate/Rank Print Name: (Last, First, MI) I understand I am required to report to the Relocation Assistance Center (RAC), Building 26, in accordance with SECNAVINST 1754.6, MCO 1700.24A, MCO 1754.3 and COMDINST 5400.20, because I am in receip of Permanent Change of Station (PCS) orders. I further understand that this form must be completed by a RAC staff member and personally returned to the Admin office within 10 working days of the above date. Service Member's Signature: Destination: (New Duty Station/Command) Estimated Detachment Date: (EDD) FIRST ENDORSEMENT From: Relocation Assistance Center (RAC), Family Service Center, Building 26 .o. [] Headquarters & Service Battation, S-1 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Medical Clinic [] Branch Denial Clinic [] Branch Denial Clinic [] Branch Denial Clinic [] Branch Medical Clinic [] Branch Denial Clinic [] Branch Denial Clinic [] Usco PAc Area Tactical Law Enforcement I certify that the service member listed above has reported to the Relocation Assistance Center for relocation assessment/screening. Date Reported to RAC: Print Name: (Last, First, MI) Signature: Relocation Services: [] SITES [] WAP Request [] Automap [] No Services Required [] Os Services Required [] Os Services Required [] Other [] Comments:	[] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Dental Clinic)ate:
I understand I am required to report to the Relocation Assistance Center (RAC), Building 26, in accordance with SECNAVINST 1754.6, MCO 1700.24A, MCO 1754.3 and COMDINST 5400.20, because I am in receip of Permanent Change of Station (PCS) orders. I further understand that this form must be completed by a RAC staff member and personally returned to the Admin office within 10 working days of the above date. Service Member's Signature: Destination: (New Duty Station/Command) Estimated Date of Arrival: (EDA) FIRST ENDORSEMENT From: Relocation Assistance Center (RAC), Family Service Center, Building 26 .o. [] Headquarters & Service Battalion, S-1 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Dental Clinic [] Branch Medical Clinic [] Branch Dental Clinic [] Br	To: Relocation Assistance Ce	enter (RAC), Family	y Service Center, Bu	ilding 26
Destination: (New Duty Station/Command) Estimated Detachment Date: (EDD) FIRST ENDORSEMENT From: Relocation Assistance Center (RAC), Family Service Center, Building 26 To: [] Headquarter & Service Battalion, S-1 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Medical Clinic [] Branch Dental Clinic [] USCG PAC Area Tactical Law Enforcement I certify that the service member listed above has reported to the Relocation Assistance Center for relocation assessment/screening. Date Reported to RAC: Print Name: (Last, First, MI) Signature: Relocation Services: [] SITES [] WAP Request [] Automap [] Maps [] Branch Medical Overseas Screening [] No Services Required [] Other [] Comments:	Rate/Rank Print Name: (Last, First, M	(I)	8	SSN:
Destination: (New Duty Station/Command) Estimated Detachment Date: (EDD) FIRST ENDORSEMENT From: Relocation Assistance Center (RAC), Family Service Center, Building 26 To: [] Headquarter & Service Battalion, S-1 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Medical Clinic [] Branch Dental Clinic [] USCG PAC Area Tactical Law Enforcement I certify that the service member listed above has reported to the Relocation Assistance Center for relocation assessment/screening. Date Reported to RAC: Print Name: (Last, First, MI) Signature: Relocation Services: [] SITES [] WAP Request [] Automap [] Maps [] Branch Medical Overseas Screening [] No Services Required [] Other [] Comments:	with SECNAVINST 1754.6, MCO 1 of Permanent Change of Station (PC	700.24A, MCO 17 CS) orders. I furth	'54.3 and COMDIN ner understand that	IST 5400.20, because I am in receipt t this form must be completed by a
Estimated Detachment Date: (EDD) FIRST ENDORSEMENT From: Relocation Assistance Center (RAC), Family Service Center, Building 26 .o: [] Headquarters & Service Battalion, S-1 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Dental Clinic [] USCG PAC Area Tactical Law Enforcement I certify that the service member listed above has reported to the Relocation Assistance Center for relocation assessment/screening. Date Reported to RAC: Print Name: (Last, First, MI) Signature: Relocation Services: [] SITES [] WAP Request [] Automap [] Maps [] Branch Medical Overseas Screening [] No Services Required [] Other [] Comments:	Service Member's Signature:			Date:
FIRST ENDORSEMENT From: Relocation Assistance Center (RAC), Family Service Center, Building 26 Jo: [] Headquarters & Service Battalion, S-1	Destination: (New Duty Station/Command)			
From: Relocation Assistance Center (RAC), Family Service Center, Building 26	Estimated Detachment Date: (EDD)		Estimated Date of Arri	val: (EDA)
Co: [] Headquarters & Service Battalion, S-1 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Dental Clinic [] USCG PAC Area Tactical Law Enforcement I certify that the service member listed above has reported to the Relocation Assistance Center for relocation assessment/screening. Date Reported to RAC: Print Name: (Last, First, MI) Signature: Relocation Services: [] SITES [] WAP Request [] Automap [] Maps [] Paranch Medical Overseas Screening [] No Services Required [] Other [] Comments:	FIRST ENDORSEMENT			
[] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Dental Clinic [] USCG PAC Area Tactical Law Enforcement I certify that the service member listed above has reported to the Relocation Assistance Center for relocation assessment/screening. Date Reported to RAC:	From: Relocation Assistance Center	(RAC), Family Serv	vice Center, Building	; 26
Date Reported to RAC: Print Name: (Last, First, MI) Relocation Services: SITES WAP Request Name Reported to RAC: Contract Name: (Last, First, MI) Signature: Relocation Services: Contract Name: (Last, First, MI) Signature: Relocation Services: Contract Name: (Last, First, MI) Signature: Relocation Services: Contract Name: (Last, First, MI) Signature: Contract Name: (Last, First, MI)	 [] Recruit Training Regiment, PAC [] 12th Marine Corps District [] Branch Medical Clinic [] Branch Dental Clinic [] USCG PAC Area Tactical Law I 	Enforcement		
Relocation Services: [] SITES [] WAP Request [] Automap [] Maps [] Branch Medical Overseas Screening [] No Services Required [] Other [] Comments:	-	ted above has repo	orted to the Relocat	ion Assistance Center for relocation
[] SITES [] WAP Request [] Automap [] Maps [] Branch Medical Overseas Screening [] No Services Required [] Other [] Comments:	Date Reported to RAC:	Print Name: (Last, Fire	st, MI)	Signature:
T 11.1 EMPTATORE COL	[] SITES [] WAP Request [] Automap [] Maps [] Branch Medical Overseas Screening [] No Services Required [] Other	+		O- ENCLOSURE (3)

1754.2

MARINE CORPS RECRUIT DEPOT/WRR CUTBOUND RELOCATION ASSESSMENT

	1754	1.2		
DATE	2 1	JUN	1996	
	PRICH	TY?		

PRIVACY ACT STATEMENT

Servicemember Information	PRIVACY ACT STATEMENT
st Name:	Public Law 93-579 (The Privacy Act of 1974), effective Z7 September 1975, requires you be advised of the following: AUTHORITY: 44 U.S.C., Section 3701 5 U.S.C., Section 301, PURPOSE: The soliciting of this information is to enable
st Name / Middle initial:	 the Relocation Assistance Center in preparing you for your relocation to your new command. ROUTINE USES: The information solicited is Voluntary. It is the first
lephone: (W)(H)	step toward obtaining adequate support from the Marine Corpe Relocation Assistance Program. Your social security number is used as a means of personal
N:	identification.
te/Rank:	Will your family be moving at the same time as you? Please explain if answer is no.
SMC; MOS: MCC: ;	□ Yes □ No
SN) Rate: NEC:	
me Address:	
uiing Address:	:
ming Address.	Do you have pets? ☐ Yes ☐ No
	Will you be taking them with you?
esent Command:	If going overseas, do you need information regarding shipment of pets overseas?
	☐ Yes ☐ No
nation Command:	
naudi Command	<u>Overseas Screening</u>
	Do you have any family member(s) enrolled in the Exceptional Family Member Program (EFMP)? If yes, list name(s) and relationship to sponsor.
timated date of departure:	☐ Yes ☐ No
stimated date of arrivel:	2
re you taking leave an routa? No	
ave you ever made a PCS move?"	
☐ CONUS ☐ Oversess	
tationed at destination command before? ☐ Yes ☐ No	Do you have any family members who are physically or mentally challenged?
Family Status	·
□ No Family Members	
☐ Accompanying Family Members	Do you have any special housing needs?
	☐ Yes ☐ No
□ Non-Accompanying Family Members pouse's Name	Do you need any health, special education, or EFMP referral information?
ist family members residing with you:	☐ Yes ☐ No
	Please list:
	<u> </u>
:	
	ENCLOSURE (4)

2 1 JUN 1996

Present Housing
☐ 3EQ / 8QQ
C Military Family Housing
Cyclian Rental
☐ Hameawner
in Military Family Housing, have you notified the Housing Office?
☐ Yes ☐ Na
ave you completed your Notice of Intent to Vacate Quarters?
□ Yes □ No
a you know what you have to do to clear quarters?
CI Yes CI No
renting in the civillan community, do you need to break a lease?
☐ Yes ☐ No
re you aware of what you need to do to break a lease?
☐ Yes ☐ No
a you awn your awn home?
☐ Yes ☐ No
you be selling your home?
☐ Yes ☐ Na
Vill you be lessing your home during your absence?
C. Yes C. No
la you need property management information?
☐ Yes ☐ No
- · · · · · · · · · · · · · · · · · · ·
Hausehald Goods
Will you ship your household goods?
☐ Yes ☐ No
What type of move are you planning?
☐ Gavernment
ם סודץ
☐ DITY and Government
How many vehicles do you own?
Future Housing
☐ BEQ/BQQ ☐ Military Family Housing

☐ Homeowner

2

Have you been assigned a sponsor from your gaining command?
□ Yes □ No
If YSS, name and rank:
If NC, would you like a sponsor?
☐ Yes ☐ No
Do you understand the role of a sponsor?
☐ Yes ☐ Na
Will you be taking a househunting trip prior to your move?
☐ Yes ☐ No
Transfer Needs/Concerns
C Sponsorship Request Form
☐ Family Registration Form
CI SITES Printout
CI Automap
C Places Rated Almanac
Chamber of Commerce
☐ Welcome Aboard Package Request
☐ Moving Casts & Entitlements
C Welcome Package from Housing
Ci Child Care
Local School Information
☐ Medical Service Information
CI Employment
☐ Cultural & Community Orientation
☐ Relocation Stress Management Class
☐ Other
***** TIME STATS
15 Minutes30 Minute
45 Minutes1 Hour
Other (Explain)
·

OVERSEAS SCREENING AND RESOLUTION

WHO

All Departments and Units who provide personnel administrative services.

FSC, Relocation Assistance Center

ACTION

Receive notification of overseas assignment (PCS) orders on Service Member.

Prepare Relocation Assessment/Screening form - MCRD 1754/17 (Rev. 3-95).

Send Service Member to the Relocation Assistance Center for assessment/screening with completed form.

Review relocation assessment/screening form - MCRD 1754/17 (Rev. 3-95).

Schedule screening appointment or conduct relocation assessment/screening.

Review questions, identifying those in the overseas screening section concerning special family needs or concerns.

Identify Service Members enrolled in the Exception Family Member Program (EFMP), or if a need is identified, provide enrollment paperwork and begin enrollment process.

Non-medical/educational issues or concerns will be identified and addressed. Resolution will vary depending on issues/concerns, but will be handled by providing local information, requesting needed information and/or by referral to miliary or civilian agencies or resources.

Refer Service Member to Branch Medical for completion of the overseas screening process.

Forward a copy of the Relocation Assessment/Screening Form to Branch Medical.

Alert Branch Medical if Service Member is currently enrolled in the EFMP or if the Service Member has begun the enrollment process at the time of the screening.

(Continued on next page)

1754.2

2 1 JUN 1996

OHW

ACTION

FSC, Relocation Assistance Center (continued)

Identify specific concerns regarding availability of facilities to support the family needs.

Branch Medical

Reviews information received.

Ensure medical needs can be met at the new duty station prior to recommending to the Commanding Officer that the service member is suitable for assignment to that location.

STANDARD INSTALLATION TOPIC EXCHANGE SERVICE (SITES)

SITES is the single DoD automated relocation information retrieval system, providing access to information on all major DoD installations worldwide.

WHAT DOES SITES DO?

SITES provides immediate base and community information to servicemembers moving to a new location.

WHAT INFORMATION CAN BE FOUND IN SITES?

8 Major Category Groupings

SITE

- Overview Site
- Regulations
- Commonly Referenced Numbers
- Major Unit Listing
- Site Transportation
- Commissary & Exchange Operations
- Must Know Items

COMMUNITY

- General Information Community
- Overview Community
- Area Demographics
- Events Calendar
- Attractions
- Cultural
- Recreation
- Civic Organizations
- Shopping
- Social Services
 - ^ State & Community Agencies
 - ^ Private Agencies
 - ^ Non-Profit Agencies
- Religious Activities
- Community Transportation

EDUCATION

- General Information Education
- Public & DoDDs Schools
- Private Schools
- Colleges & Universities
- Adult/Continuing Education
- Special Education

EMPLOYMENT

- Overview Employment
- Area Employment Demographics
- Federal Civilian Employment for Spouses
- Employment Resources
 - ^ Full Time
 - ^ Temporary
 - ^ Non-Paid Volunteers
- Chambers of Commerce
- Private Sector Employment
- Government Employment
- Professional/Occupational Licensing

HEALTH

- Overview Health
- Services Provided
- Medical
 - ^ Medical Treatment Facility Directory
 - ^ Health Benefits Advisor CHAMPUS
 - ^ NAVCARES
 - ^ Community Hospitals
 - ^ Dental Clinic
 - > Clinic Directory
 - ^ Dependent Dental Plan
- Weilness

HOUSING

- Overview Housing
- Housing Allowances
- Area Housing Demographics
- Government Housing
- Community Housing
- Utilities

1754.2 2 1 JUN 1996

RELOCATION

- General Information Relocation
 - Overview Relocation
 - Financial Preparedness
 - Exceptional Family Member Program (EFMP)
 - Household Goods Shipments
 - ^ Housing In-Bound Shipments
 - ^ Housing Out-Bound Shipments
 - ^ Housing Claims
 - ^ Housing Weight Allowances
 - POV Shipments
 - ^ POV In-Bound Shipments
 - ^ POV Out-Bound Shipments
 - ^ POV Claims
 - Pet Information
 - ^ Licensing
 - ^ Quarantines
 - ^ Pet Transportation
 - Reporting Procedures
 - ~ PCS
 - > Inprocessing
 - > Outprocessing
 - ^ TDY TAD
 - ^ Separation
 - Temporary Lodging
 - ^ Billeting
 - ^ FamCamp Campground
 - Travel

SUPPORT SERVICES

- General Information Support Services
- Overview Support Services
- Single Member Services
- Crisis Management
- Family Centers
- Morale, Welfare, and Recreation
- Chapel Services & Programs
- Child Youth Services
 - ^ Overview Child Youth Services
 - ^ On-Site Services
- Area Services
- Related Programs
 - ^ Drug & Alcohol
 - ^ Family Advocacy
 - ^ Legal Assistance
 - ^ Other Services

NEEDS ASSESSMENT

1754.2

2 1 JUN 1996

	Transfilate	Date of Arrival
resent Unit		
		S CONUS
FAMILY STATUS: □ No Dependents	□ Accompanying Dependent	s Non-Accompanying Dependents
PRESENT HOUSING: (Circle all which	h apply, and specify any differences b	etween member and dependents)
		one
u Apartment	t ☐ Condo ☐ Single	Family Home Other
REFERRED HOUSING: (Complete	this section only if seeking a change o	of residence for member or dependents)
REFERRED HOUSING: (Complete Type of Residence	this section only if seeking a change of Military Family Housing ent Condo C	of residence for member or dependents) □ Civilian Rental □ Homeowner
Type of Residence BEQ/BOQ Apartm	this section only if seeking a change of Military Family Housing ent	es □ No of residence for member or dependents) □ Civilian Rental □ Homeowner ther
Type of Residence BEQ/BOQ Apartm	this section only if seeking a change of Military Family Housing ent	es □ No of residence for member or dependents) □ Civilian Rental □ Homeowner ther Approx. Square Footage
REFERRED HOUSING: (Complete Type of Residence	this section only if seeking a change of Military Family Housing ent	of residence for member or dependents) Civilian Rental Homeowner ther Approx. Square Footage nembers who are seeking employment)

Date:		ror Omes use u	•••	Initials:
FERRALS:	REQUIRED	PROVIDED	COMMENTS	
ase Housing	а	П		
amily Services	а	□		
inance ·		· · · · 🗖		
ransition Assistance	а	., .,. <u>.</u> , 🗖		
etired Affairs				
hild Care		Ġ		
mployment		a ·		
xceptional Family Member				
avy Relief / Red Cross	•	=		
ledical / Dental	α	=		
ther		· •		•
MMENTS		,		
LLOW-UP REQUIRED		.•		

CONTACT_RECORD

PriC		131-6391	<u>।शिवेट</u> ी
			<u>.</u>

RELOCATION ASSISTANCE CENTER

NAME:

CUSTOMER SATISFACTION SURVEY

1. IS THE RELOCATION ASSISTANCE CENTER CONVENIENTLY LOCATED? [] YES [] NO 2. ARE THE RELOCATION ASSISTANCE CENTER HOURS OF 0730-1800 CONVENIENT? [] YES [] NO 3. DID A STAFF MEMBER GREET YOU? [] YES [] NO 4. DID YOU RECEIVE PROMPT SERVICE? [] YES [] NO 5. Which STAFF MEMBER ASSISTED YOU? 6. WERE YOU ASSISTED IN A PROFESSIONAL AND COURTEOUS MANNER? [] YES [] NO 7. WERE YOUR QUESTIONS / CONCERNS ANSWERED TO YOUR SATISFACTION: [] YES [] NO 8. WERE THE SERVICES / RESOURCES HELPFUL IN PROVIDING NEEDED INFORMATION? [] YES [] NO 9. WERE THE SERVICES / RESOURCES HELPFUL IN RELIEVING STRESS FOR THIS PCS? [] YES [] NO IF YOU ANSWERED "NO" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN. WHAT CAN WE DO TO IMPROVE OUR SERVICES?